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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Côte d'Ivoire

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board approve the country programme of Côte d'Ivoire for the period 1997-2001 in the amount of $10,250,000 from general resources, subject to the availability of funds, and $10,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. Côte d'Ivoire has enjoyed political stability since independence in 1960. The establishment of a multi-party system in 1990 led to the formation of more than 40 new political parties, the establishment of several human rights organizations and the rapid development of a private press. This new socio-political situation should foster the involvement of the population and donors in the country's development effort. The 50 per cent devaluation of the CFA franc in January 1994 resulted in a 6 per cent growth rate in gross domestic product (GDP) in 1995, while rural areas benefited from an increase in the producer prices of agricultural products. Unfortunately, the urban population, who are largely consumers, have been punished by the increase in the consumer prices of food, drugs, housing and education.

2. Mortality rates remain high; according to the data available (1994), the infant mortality rate (IMR) and the under-five mortality rate (U5MR) are estimated at 90 and 100 per 1,000 live births respectively, while the maternal mortality rate (MMR) is approximately 810 per 100,000 live births. The immediate causes of illness and death among infants and children are infectious and parasitic diseases such as malaria, acute respiratory infections, meningitis, malnutrition, anaemia, diarrhoea-induced dehydration and acquired immunodeficiency syndrome (AIDS). Maternal mortality, meanwhile, is due to too many too closely spaced pregnancies as well as complications of pregnancy, especially haemorrhaging. With the incidence of human immunodeficiency virus (HIV) estimated at 10 per cent among the total population, AIDS affects youth (80 per cent of the cases involve persons aged 20 to 44) and women (15 per cent among pregnant women) in particular. The underlying causes are related to insufficient access to and inefficient basic services (health, education, water supply/hygiene/sanitation, information), the persistence of harmful traditional practices and, generally speaking, inadequate resources.

3. Protein-energy malnutrition is a silent emergency despite the relative abundance of food in the country. This situation is due to poor weaning practices, unbalanced diet during pregnancy and lactation as well as ignorance of women's dietary and nutritional requirements during these periods coupled with a decline in exclusive breast-feeding in urban areas. Vitamin A deficiency is prevalent among pre-school children in the Northern region while iodine deficiency occurs in the mountainous areas of the Western region and in the northern plateau. Iron deficiency is particularly pronounced among pregnant and breast-feeding women and among children.

4. In recent years the number of street children has been increasing; this phenomenon, which is a growing concern for national and municipal authorities and parents, could prove unmanageable should the Government fail to address it as a matter of priority. Its immediate causes are rural-to-urban migration, the shortcomings of the educational system, which sees about 200,000 school drop-outs a year, and the break-up of households as a result of growing poverty. The living conditions of these children has been deteriorating over the years causing some of them to turn to a life of prostitution, drugs, theft and crime.

5. The low status of women and girls, owing mainly to the weight of tradition, limits their access to basic services and decision-making and accounts for discrimination against them in the fields of education, employment in the formal sector and access to land and credit. Women are still underrepresented at the political level despite the efforts being made in that area.

PROGRAMME COOPERATION, 1992-1996

6. The initial five-year cooperation programme between the Government and UNICEF consisted of activities aimed at reducing IMR, U5MR and MMR. Programme objectives were adjusted during implementation to reflect the objectives of the Consensus of Dakar. The review of progress towards achievement of the mid-decade goals showed that meaningful strides have been made as a result of the development of systems, structures and policies which could serve as a basis for future activities in the fields of child health, education and welfare. In addition, national capacities have been strengthened through training, information, social mobilization and the development of existing facilities as well as the development of a system for monitoring performance indicators.

7. The goal of the health programme was to develop an effective primary health care (PHC) system based on the Bamako Initiative and through which to reach the targets for immunization and the control of diarrhoeal diseases. PHC facilities have been started in 9 of the country's 29 districts. Officials from the national Government and from pilot areas have been trained, management committees have been established in the 142 villages concerned and a minimum package of activities has been developed. All the country's 86 hospitals have been declared "baby-friendly", a decree on salt iodization has been promulgated and iodization equipment has been supplied to salt producers. However, immunization coverage and the use of oral rehydration therapy have remained well below expectations. Implementation of the new PHC strategy at the national level has been hampered by inadequate resources from the State, frequent shortages in essential drugs, inadequate cost recovery and a low level of community involvement in the management of health centres.

8. In the area of basic education, support has been provided to some 300 primary schools and committees for the promotion of basic education have been set up. Many nursery schools have been established in project areas as a result of local initiatives. A functional literacy project for women is in progress. A course on basic skills ("facts for life") has been introduced in the curriculum of Koranic schools on a trial basis. Institutional shortcomings include the Government's lack of basic education policies and strategies, the shortage of teachers and limited operating and capital budgets.

9. In the area of water supply, hygiene and sanitation, a community-based monitoring system has been set up in over 500 villages affected by dracunculiasis. The number of reported cases of dracunculiasis fell from 12,600 in 1992 to 3,800 in 1995. Improved latrines have been built for demonstration purposes in 10 health centres and in schools in the North-East region. Problems stem from frequent breakdowns in equipment owing to a lack of spare parts, poor coordination between the technical ministries concerned and the limited involvement of women in the management committees.

10. Efforts on behalf of children in especially difficult circumstances have focused on monitoring the health and social welfare of 7,000 children and their socio-professional reintegration, as well as on literacy, apprenticeships and the establishment of cooperatives involving 1,200 youths. The Government is aware of this problem and has decided to allocate $2 million a year, starting in 1996, for the training of 1 million young school drop-outs over three years. The programme's weakness stems from the lack of involvement of local authorities, the lack of coordination between non-governmental organizations and government services and the lack of resources.

11. Under the advocacy and social mobilization programme, a committee to draft the initial report on the implementation of the Convention on the Rights of the Child and a coalition of artists and communicators to promote child welfare were set up. In collaboration with non-governmental organizations, this programme has implemented several awareness-raising campaigns on the prevention of sexually transmitted diseases (STDs) and AIDS. The social communication component in support of sectoral programmes has long been ineffective because of a lack of coordination among the various partners.

12. The social planning programme has provided support to the main government agencies for the compilation of statistics. Specifically, UNICEF and the United Nations Development Programme (UNDP) are participating in the preparation of a set of social indicators. However, data are generally incomplete, disorganized and non-disaggregated, mainly because of the weakness of the Interministerial Coordinating Committee.

Lessons learned

13. The mid-term review of the programme revealed a need to: (a) consolidate achievements; (b) set up a reliable social data gathering, analysis, monitoring and evaluation system in order to guide social planning and promote the effective involvement of beneficiaries in programme planning and implementation; (c) strengthen coordination with all development partners (bilateral and multilateral agencies and non-governmental organizations); and (d) help to define and formulate sectoral policies. In this regard, one of the undisputed achievements during this period has been acceptance of the Bamako Initiative as a national public health strategy. The Government has also recognized the importance of education of the girl child and women's literacy.

14. Where sectoral programmes are concerned, emphasis should be placed on the accurate evaluation and identification of local matching contributions and on assuming responsibility for recurrent expenditures.

15. While one of the achievements of past cooperation was the adoption of major decisions by the Government in the context of social reform, one of the challenges facing the next cooperation programme will be to implement new social policies and strategies. With the State having made major investments in basic infrastructure, UNICEF will be able to focus its limited resources on: (a) advocacy vis-à-vis government authorities and donors for the implementation of the 20/20 initiative; (b) promoting awareness among and empowering local communities so that they can assume greater control over the management of basic

services; and (c) mobilizing other actors and beneficiaries to ensure the replication and extension of successful pilot programmes throughout the country.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	2 594	3 500	6 094
Basic education	1 495	3 500	4 995
Sanitation, water supply and the environment	1 050	1 500	2 550
Poor urban areas/children in especially difficult circumstances	1 200	1 500	2 700
Advocacy and communication	1 485	-	1 485
Social planning, monitoring and evaluation	1 079	-	1 079
Programme support	1 347	-	1 347
Total	10 250	10 000	20 250

a/ The breakdown for estimated yearly expenditures is given in table 3.

Preparation of the country programme

16. The preparatory process was coordinated by the Ministry of Planning through the Interministerial Coordinating Committee. The main stages of this process included a mid-term review, updating of the situation analysis, the strategy meeting, submission of the country note to the Executive Board and, lastly, the finalization of documentation. The Government, United Nations agencies and bilateral cooperation agencies took part in this process, as did the embassies of Executive Board member countries. This participation accounts for the broad consensus reached on the problems identified and strategies agreed upon. Efforts have been made to harmonize UNICEF support with the activities of other partners. The harmonization of UNDP, United Nations Population Fund (UNFPA) and UNICEF programming cycles in 1997 will enhance the coordination and complementarity of operational activities of the United Nations system.

Programme objectives and strategies

17. The proposed cooperation programme falls within the framework of the Government's "social blueprint". The human resources development programme, the national plan of action for the objectives of the decade, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women constitute the official frame of reference for the preparation of the programme. The programme is aimed at providing support for the Government, together with its development partners, in achieving its socio-economic development objectives. Its goal is to contribute to the improvement of the living conditions and quality of life of children, women and the population as a whole by enhancing basic services and increasing community involvement in identifying and addressing their priority needs.

18. The objectives of the proposed programme are to help reduce IMR from 90 to 50 per 1,000 live births, U5MR from 150 to 70 per 1,000 live births and MMR, estimated by the national authorities at 600 per 100,000 live births, to 300 per 100,000 live births by the year 2001; and to help to popularize and implement the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

19. Service delivery, as a strategic component, benefited from strong support during the preceding programme and has received more sustained attention from the Government; accordingly, attention will now be focused on advocacy, social communication, capacity-building at the central, intermediate and local levels and community empowerment. Other strategies to be implemented will concern the development of national or sectoral policies, support for decentralization and the improvement of social statistics for use in planning, monitoring, evaluation and advocacy.

20. Interlinking strategies to mitigate the effects of poverty, advance the status of women and reduce gender and geographic disparities will be developed. Projects begun during the previous programme will be consolidated, and PHC and the Bamako Initiative will be expanded in cooperation with other donors. Municipalities and non-governmental organizations will be more involved in the design, financing, management and monitoring of activities in urban areas. Lastly, a dynamic programme for raising funds at both the local and international levels will be launched.

21. The programme will function at two levels: (a) at the national level, support will be given to advocacy, social mobilization, information, the formulation of adapted sectoral policies and strategies and the enhancement of data collection and processing systems, and (b) in the programme's areas of concentration (the North, North-East, Centre-North, Centre-West regions and the underprivileged areas of Abidjan), support will be given to increasing coverage and revitalizing basic services. The areas selected are among the most deprived in terms of human development. The target population in these areas will be approximately 6 million beneficiaries, including more than 2 million women over 15 years of age and more than 3 million children under 15.

Health and nutrition

22. In the programme's areas of concentration, the objective will be to reduce the incidence of communicable childhood diseases, complications of pregnancy and childbirth, micronutrient deficiencies and STDs by providing high-quality essential care of a therapeutic, preventive and promotional nature. At the national level, the programme will be designed to accelerate the implementation of the Bamako Initiative by other actors and to support nationwide health-promotion activities, with emphasis on reproductive health. The programme comprises three projects.

23. The PHC/Bamako Initiative project will cover the five regions mentioned above, reaching 40 per cent of the total national population. Its objective is to revitalize 431 health centres and 26 district hospitals in 13 health and social districts under the national PHC/Bamako Initiative strategy. When the project is completed, 95 per cent of the health centres should have adequate human and material resources and an available supply of essential drugs at all times. Essential activities will include the formation of task forces at the intermediate level and management committees at the community level and the training of medical personnel.

24. The micronutrient/nutrition project will cover the same five regions plus those districts with a hyperendemicity of iodine-deficiency disorders, representing 18 social and health districts (58 per cent of the total population). Project objectives will be to eliminate disorders due to iodine and vitamin A deficiency, to reduce iron-deficiency anaemia in pregnant women by one third and to alleviate the problem of protein-energy malnutrition. Principal project activities will include the implementation of a community-based nutrition promotion system which relies on evaluation methods and problem analysis and the integration of a micronutrient/nutrition component in the minimum package of activities to be carried out by the revitalized health centres.

22. The "Communication for health" project is designed to build the operational capacity of national and regional structures in the area of information, education and communication (IEC) and to encourage the involvement of users, particularly women, in the identification and analysis of health problems and in the management of the revitalized health centres.

Basic education

26. This programme will focus its activities on three regions with low school enrolments (North-East, North and North-West). Programme goals are to revitalize primary education, to provide remedial basic education to girls who have dropped out of school and to strengthen the implementation of policies to promote education for all. Three projects will help to attain these goals.

27. The objectives of the project entitled "Development and revitalization of basic education" are: (a) to increase by 20 per cent enrolment in the preparatory course offered to girls in the first year of primary school; (b) to increase the percentage of girls who remain in school from 33 per cent to 45 per cent; (c) to create conditions for the acquisition of basic skills; and

(d) to introduce basic instruction on healthy family and community life into the curriculum of 100 Koranic schools. Principal activities will involve the development and production of teaching aids, enhancement of teaching skills and the role of parents' associations, and the organization of awareness-building and social mobilization campaigns for the education of girls.

28. The project entitled "Remedial basic education for girls who have dropped out of school" will cover the northern area (North, North-East and North-West regions) of Côte d'Ivoire where the problem of girl drop-outs and the under-enrolment of girls is acute. Project objectives are to provide at least 6,000 girls not enrolled in school with access to basic knowledge and to develop their skills in income-generating activities. Lastly, the project entitled "Advocacy for the strengthening of policies for education for all" is designed to encourage decision makers to increase their support and commitment for and their participation in more relevant policies and to strengthen the partnership between the Government, development agencies and non-governmental organizations in the field of basic education.

Sanitation, water supply and environment

29. This programme will focus on approximately 26 prefectures in the target regions (North-East, Centre and Centre-West). Its objectives are to reduce the incidence and consequences of diseases associated with faecal contamination, chiefly diarrhoea and parasitic diseases, in children under five, to eradicate dracunculiasis and to ease women's burdens in maintaining the water supply. One of the main strategies will be to optimize the utilization of water resources through better management of the sector at both the national and local levels. The first project, entitled "Communication in the field of environmental health", seeks to modify behaviour with respect to bodily, food and environmental hygiene in families in the target areas and to extend a system for monitoring water-borne disease to all target towns. The second project, "Promotion of appropriate technologies" will encourage the acquisition, utilization and maintenance by at least 50 per cent of families in the target zones of appropriate, low-cost technology relating to water supply, sanitation and the rational use of energy resources. The last project, entitled "Strengthening of management capacities in the sanitation, water and environmental sector" is aimed at the harmonization, development and implementation of a sectoral policy better adapted to socio-economic and environmental conditions.

30. The main activities will include environmental surveys, the identification of appropriate technologies and promoting them to service providers and users, mobilizing and managing resources at the community level, enhancing the skills of outreach agents, establishing cooperatives to deal with spare parts, and comprehensive dracunculiasis monitoring.

Poor urban areas/children in especially difficult circumstances

31. This programme will target specific areas in four underprivileged districts of the city of Abidjan (Abobo, Attiékoubé, Koumassi and Yopougon). As of the third year of implementation, the programme can be extended to other areas having a social infrastructure, a juvenile court system, a committed local

government and the presence of non-governmental organizations. This programme will help to: (a) implement a system of prevention and social reintegration for children who have left their families; (b) build the capacities of heads of households in poor families (particularly women) to develop income-generating activities; and (c) increase the involvement of target communities in the management of basic services. These objectives will be attained through two projects.

32. The project entitled "Activities in poor urban areas" includes a component designed to increase access to basic services (primary health care, basic education, water and sanitation) using approaches borrowed from the relevant sectoral programmes and a research and experimentation component which takes an integrated approach in order to build the capacity of families to generate income from secondary economic activities. The project "Children in especially difficult circumstances" will endeavour to place 70 per cent of previously identified street children counted and identified in schools in pre-vocational training programmes. It is also aimed at strengthening the system for the welfare and legal protection of marginalized children.

Advocacy and communication

33. This is an interlinking programme. It is a vital tool in supporting the use of basic services offered in the communities and, will seek to increase the demand for such services. The programme will also help to optimize use of the media and traditional channels of communication, including interpersonal communication, with a view to bringing about positive behaviour modification, particularly in preventing HIV transmission. In addition, on the basis of a periodically updated situation analysis, the programme will help decision makers and civil society recognize the rights of the child and reduce discrimination against women.

34. More specifically, the project "Advocacy and mobilization of resources" will seek to interest the local private sector, multinational firms and private persons in contributing financially to the implementation of the programme. The project "Support to sectoral programmes" will include activities for the elaboration and implementation of an integrated communication plan (health, education, water/sanitation), including awareness-building meetings for community and religious leaders and conduct case-studies aimed at identifying which types of behaviour to promote. Lastly, the project "Promotion of health among youth/STD-AIDS" will seek to develop IEC activities aimed at encouraging sexually responsible behaviour based on a better understanding of the socio-cultural factors which lead to HIV transmission among young people. This project will be developed in cooperation with the Joint United Nations Programme on HIV/AIDS. In the communities serviced by the revitalized health centres in accordance with the principles of the Bamako Initiative, the project will support the integration of activities to promote reproductive health.

Social planning, monitoring and evaluation

35. This programme will contribute to the introduction of a reliable information system to support social planning. It will ensure the development of indicators and the collection and use of data to provide guidelines for the

cooperation programme and tools for its evaluation. These objectives will be attained through two complementary projects: (a) strengthening of the social information system and planning capacity; and (b) support for sectoral programmes. Programme activities will yield data to support advocacy for a restructuring of the State and assistance budget in accordance with the 20/20 initiative. These activities will also support the development of community-based information systems and cost-analysis methodologies in the health, education and water-supply/sanitation sectors, thereby facilitating the estimate of matching sectoral contributions to be allocated in the national budget.

Partnership

36. As part of the health programme, the World Health Organization, the World Bank and UNICEF are currently working with all donors to set up the national sectoral programme for health. The other partners involved in extending PHC/Bamako Initiative to the entire country are the European Union, the Caisse française de développement (French Development Fund), the European Development Fund and the German, Belgian and Canadian aid agencies. In the field of education, UNICEF is cooperating within the framework of the Sectoral Investment Programme for Education, which the Government has just launched with financing from the World Bank. The other partners in this sector are the African Development Bank, Canadian, French and Japanese aid agencies and the World Food Programme. The partners in the effort to eradicate dracunculiasis are the United States Peace Corps and the Global 2000 programme.

37. All activities planned will be implemented as operational activities of the United Nations system, in conjunction with other multilateral and bilateral aid agencies, non-governmental organizations, civil society and local communities.

Programme management

38. The Ministry of Planning, through the Interministerial Coordinating Committee, will coordinate programme cooperation. Sectoral committees, which have played a major role in the implementation of cooperation in the past, will be strengthened and will provide support to the Interministerial Committee. Under their aegis, annual plans of action will be drafted and periodic programme reviews organized. Lastly, the UNICEF office will provide the necessary support for the successful implementation of the programme.

Monitoring and evaluation

39. An integrated monitoring and evaluation plan has been prepared for the entire cooperation programme. It constitutes the framework within which all follow-up activities, evaluations, studies and operational research will be implemented. A hierarchy of indicators has also been developed for each sectoral programme in order to monitor its implementation and impact. The programme will be periodically reviewed. Each year an annual review, organized jointly by UNICEF and the Government, will be conducted. In 1999, a mid-term review will be conducted. The findings of these periodic reviews will form the basis for reorienting programme activities if necessary. An interministerial monitoring committee under the authority of the Ministry of the Family will be

responsible for evaluating the progress made towards achieving the objectives for the year 2000.

Fund-raising

40. Essential activities (pilot programmes, feasibility studies and consolidation of achievements) will be financed from general resources. Supplementary funds will be used to extend and enhance activities and will be sought in cooperation with the Government and foreign donors. A dynamic fund-raising strategy will be implemented at the local level.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Cote d'Ivoire	(1994 and earlier years)		UNICEF country classification
Under-five mortality rate	150	(1994)	Very high U5MR
Infant mortality rate	90	(1994)	High IMR
GNP per capita	$ 510	(1994)	Low-income GNP
Total population	13.8 million	(1994)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1994
Births	(thousands)	285	415	601	682
Infant deaths (under 1)	(thousands)	46	46	55	61
Under-five deaths	(thousands)	68	71	90	102
Under-five mortality rate (per 1,000 live births)		240	170	150	150
Infant mortality rate (under 1) (per 1,000 live births)		160	110	92	90

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1986)	Moderate & severe	..	12
	Severe	..	2
Babies with low birth weight (%, 1975)		14	..
Primary school children reaching grade 5 (%, 1985/1991)		75	73

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%,1994)	..	3
Timely complementary feeding rate (6-9 mos.) (%)	..	..
Continued breast-feeding rate (20-23 mos.) (%)	..	..
Prevalence of wasting (0-59 mos.) (%, 1986)	..	9
Prevalence of stunting (0-59 mos.) (%, 1986)	..	17
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	110	111
Total goitre rate (est.)	..	6
Household expenditure (% of total income, 1980 or 1985) All food/cereals	.. / ..	39 / 13

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1994)		..	11
Access to health services	Total	30	..
(% of population, 1980)	Urban/rural	61 / 11	.. / ..
Access to safe water	Total	83	75
(% of population, 1988/1994)	Urban/rural	100 / 75	60 / 70
Access to adequate sanitation	Total	35	43
(% of population, 1988/1994)	Urban/rural	69 / 20	60 / 35
Births attended by trained personnel (%, 1987/1994)		20	45
Maternal mortality rate (per 100,000 live births, 1990)		..	810

Immunization		1981	1985	1990	1994
One-year-olds (%) immunized against:	Tuberculosis	70	..	63	44
	DPT	42	..	48	41
	Polio	34	..	48	41
	Measles	28	..	42	47
Pregnant women (%) immunized against:	Tetanus	25	..	63	19

TABLE 1 (continued)

Cote d'Ivoire

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	79 / ..	69 / 52
(%, 1980/1993)	Male	95 / ..	80 / ..
	Female	63 / ..	58 / ..
Secondary enrolment ratio (gross/net)	Total	19 / ..	25 / ..
(%, 1980/1993)	Male	27 / ..	33 / ..
	Female	12 / ..	17 / ..
Adult literacy rate, 15 years & older	Total	24	40
(%, 1980/1995)	Male/female	34 / 14	50 / 30
Radio/television sets (per 1,000 population, 1980/1993)		122 / 38	143 / 60

DEMOGRAPHIC INDICATORS		1970	1980	1990	1994	2000
Total population	(thousands)	5515	8194	11974	13780	16761
Population aged 0-15 years	(thousands)	2632	3984	6030	7057	8648
Population aged 0-4 years	(thousands)	1075	1624	2412	2803	3285
Urban population (% of total)		27.4	34.8	40.4	43.3	46.9
Life expectancy at birth	Total	44	49	51	51	50
(years)	Male	43	48	50	49	49
	Female	46	51	53	52	51
Total fertility rate		7.4	7.4	7.4	7.3	6.6
Crude birth rate (per 1,000 population)		52	51	50	50	47
Crude death rate (per 1,000 population)		21	17	15	15	15

		About 1980	Most recent
Contraceptive prevalence rate (%, 1980/1994)		3	11
Population annual growth rate	Total	4.0	3.7
(%, 1965-1980/1980-1994)	Urban	6.7	5.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1973-1985/1985-1994)		-1.1	-5.2
Inflation rate (%, 1980-1985/1985-1994)		10	0
Population in absolute poverty (%, 1983)	Urban/rural	30 / 26	.. / ..
Household income share (%, 1988)	Top 20%/bottom 40%	.. / ..	44 / 18
Government expenditure	Health/education	4 / 21	.. / ..
(% of total expenditure, 1984)	Defence	4	..
Household expenditure (% share of total)	Health/education	.. / ..	.. / ..
Official development assistance:	$US millions	210	1594
(1980/1994)	As % of GNP	2	23
Debt service (% of goods and services exports)	(1982/1993)	33	14

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1992-1996 a/

COUNTRY: COTE D'IVOIRE
LATEST BOARD APPROVAL: 1992
GENERAL RESOURCES: $7,700,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual b/	Planned	Actual	Planned c/	Actual	Planned
Health	890	1211	764	260	571	436	503	91	2728	2614	1998	6044	4726	8658
Water supply and sanitation	342	144	19	20	348	0	446	168	1155	1437	332	1372	1487	2809
Education	136	329	48	43	425	44	142	201	751	740	617	2000	1368	2740
Children in especially difficult circumstances	142	0	57	0	43	0	155	0	397	550	0	708	397	1258
Social mobilization and advocacy	86	0	25	0	138	0	318	0	567	764	0	898	567	1662
Planning and social statistics	303	0	105	0	550	0	488	-3	1446	1,595	-3	0	1443	1595
Emergency	52	57	4	17	0	16	109	349	165	0	439	0	604	0
Recovery cost	0	0	0	0	0	0	0	124	0	0	124	0	124	0
Adjustment of prior cycle	-11	0	0	0	0	0	-10	0	-21	0	0	0	-21	0
GRAND TOTAL	1940	1741	1022	340	2075	496	2151	930	7188	7700	3507	11022	10695	18722

GR = General resources.
FSF = Funded supplementary programmes.
SF = Supplementary programmes, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as at 31 December 1995.
b/ Actual GR expenditure includes allocations from global funds.
c/ Includes stand alone submissions of $1,243,000((E/ICEF/1993/P/L27) and $2,000,000(E/ICEF/1995/P/L.35).

/...

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: COTE D'IVOIRE
PROGRAMME CYCLE: 1997-2001

(In thousands of United States dollars)

		1997	1998	1999	2000	2001	TOTAL
HEALTH AND NUTRITION	GR	519	519	518	519	519	2,594
	FSF						
	NSF	800	700	800	600	600	3,500
	TOTAL	1,319	1,219	1,318	1,119	1,119	6,094
BASIC EDUCATION	GR	299	299	299	299	299	1,495
	FSF						
	NSF	750	700	750	700	600	3,500
	TOTAL	1,049	999	1,049	999	899	4,995
ADVOCACY AND COMMUNICATION	GR	311	308	272	299	295	1,485
	FSF						
	NSF						
	TOTAL	311	308	272	299	295	1,485
WATER, SANITATION AND ENVIRONMENT	GR	210	210	210	210	210	1,050
	FSF						
	NSF	400	400	250	250	200	1,500
	TOTAL	610	610	460	460	410	2,550
SOCIAL PLANNING, MONITORING/EVAL.	GR	209	214	243	206	207	1,079
	FSF						
	NSF						
	TOTAL	209	214	243	206	207	1,079
PROGRAMME SUPPORT	GR	262	260	268	277	280	1,347
	FSF						
	NSF						
	TOTAL	262	260	268	277	280	1,347
URBAN AND CEDC	GR	240	240	240	240	240	1,200
	FSF						
	NSF	300	300	350	300	250	1,500
	TOTAL	540	540	590	540	490	2,700
TOTAL	GR	2,050	2,050	2,050	2,050	2,050	10,250
	FSF						
	NSF	2,250	2,100	2,150	1,850	1,650	10,000
	TOTAL	4,300	4,150	4,200	3,900	3,700	20,250

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : COTE D'IVOIRE
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	2,594			2,594	0	0	0	1	0	0	1	0	1	2	817.8	113.9	931.7
BASIC EDUCATION	1,495			1,495	0	0	0	1	0	0	1	0	1	2	817.8	113.9	931.7
ADVOCACY AND COMMUNICATION	1,485			1,485	0	0	0	0	0	0	0	1	0	1	0.0	213.2	213.2
WATER, SANITATION AND ENVIRONMENT	1,050			1,050	0	0	0	0	0	0	0	1	1	2	0.0	355.6	355.6
SOCIAL PLANNING, MONITORING/EVAL.	1,079			1,079	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	1,347			1,347	0	0	0	0	0	0	0	2	10	12	0.0	1,246.1	1,246.1
URBAN AND CEDC	1,200			1,200	0	0	0	0	0	0	0	0	1	1	0.0	142.4	142.4
TOTAL GR	10,250			10,250	0	0	0	2	0	0	2	4	14	20	1,635.6	2,185.1	3,820.7
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		0	3,500	3,500	0	0	0	0	0	0	0	1	0	1	0.0	213.2	213.2
BASIC EDUCATION		0	3,500	3,500	0	0	0	0	0	0	0	1	0	1	0.0	185.4	185.4
ADVOCACY AND COMMUNICATION		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
WATER, SANITATION AND ENVIRONMENT		0	1,500	1,500	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
SOCIAL PLANNING, MONITORING/EVAL.		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
URBAN AND CEDC		0	1,500	1,500	0	0	0	0	0	0	0	1	0	1	0.0	213.2	213.2
TOTAL SF		0	10,000	10,000	0	0	0	0	0	0	0	3	0	3	0.0	611.8	611.8
TOTAL GR & SF	10,250	0	10,000	20,250	0	0	0	2	0	0	2	7	14	23	1,635.6	2,796.9	4,432.5
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			1,718.3													
	Staffing				0	0	1	1	1	0	3	2	9	14	2,452.3	1,722.1	4,174.4
GRAND TOTAL (GR+SF+ADM)					0	0	1	3	1	0	5	9	23	37	4,087.9	4,519.0	8,606.9
Number of posts and staff costs:																	
Current programme cycle											6	6	23	35			
At the end of proposed programme cycle (indicative only)											5	9	23	37	4,087.9	4,519.0	8,606.9

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.